ADIZONA OMATO X	2018D OF HEALTH
	BOARD OF HEALTH State File No.
1 DIACE OF REPTH	TAL STATISTICS PRICATE OF BIRTH Registered No. 2 18
County Tile	State argani
District or Toypehip Heste	or Village
City Word St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other. 6. Legitimate? 7. Date of birth 3- 1930, Month Day Year	
8. FATHER Full name A bala. Muntab	14. MOTHER Full maiden name / MILL MAIA CORMANA
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race 11. Age at last birthday 3/ (Years)	16. Color or race 17. Age at last birthday 2. (Years)
12. Birthplace (city or place)	18. Birthplace (city or place). Hethe
(State or country) Mexica	(State or country) Arig.
13. Occupation	19. Occupation
Nature of industry	Nature of industry House Wife
20. Number of children of this mother (a) Born alive a	ad now living 4 21. Were precautions when against oph-
(Taken as of time of birth of child herein certified and including this child.) (C) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE O.	
I hereby certify that I attended the birth of this child, who was from alive or spillborn at 7, m. on the date above stated.	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	
child is one that neither breathes nor shows other evidence of life after birth.	(Physician or Midwife).
Given name added from a supplemental report Mark dominate Address Address	Though and
Month, day, year Filed 12/4, 1930 S.E. Cochham. max	
646-1103-551 Registrar	Registrar